



CITY OF LEOMINSTER
Board of Health
25 WEST STREET – SUITE 9
LEOMINSTER, MASSACHUSETTS 01453
Telephone (978) 534-7533, FAX (978) 534-7508

Christopher Knuth
Director

APPLICATION FOR BODY ART PRACTITIONER LICENSE FEE: \$200

Upon satisfactory review of the application and receipt of the license fee, a numbered practitioner license will be issued by the Leominster Health Department.

☐ **New Application**

☐ **Renewal**

Name: _____

(Last name,

First name,

Middle Initial)

Date of Birth: _____

(Month,

Day,

Year)

Identification:

Type of Identification Card:

☐ State Drivers License

☐ State Identification Card

License or Identification Card Number: _____

(State and Number)

Practitioner License Type:

☐ Body Piercing (only)

☐ Tattooing, Branding and Scarification (only)

☐ Both

Body Art Facility Name: _____

Body Art Facility Address: _____

Facility Telephone: _____

Body Art Facility Owner (if different from practitioner applicant): _____

Provide the following:

- A. Evidence of course completion in Prevention of disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for training course which fulfills the requirements of 29 CFR 1910.1030 et seq.).
- B. Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last two (2) years).
- C. Proof of satisfactory completion of a course in Anatomy and Physiology I & II (or Department-approved course if Seeking Tattooing, Branding and Scarification Practitioner License ONLY)
- D. Proof of completion of an approved apprenticeship training program OR Evidence of two years actual experience
- E. Documentation of Hepatitis B Virus (HBV) Vaccination Status